

# Florida Emergency Medical Services for Children (EMSC) State Partnership Program



[PEDReady@jax.ufl.edu](mailto:PEDReady@jax.ufl.edu)



904-244-4986



<https://emlrc.org/flpedready/>



[@floridaemsforchildren](https://www.facebook.com/floridaemsforchildren)



# Our Mission

*Partnering with Florida EDs, EMS agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care*



# Program Goals

- Expand the uptake of pediatric readiness in emergency departments by establishing a voluntary state pediatric readiness recognition program for hospital EDs, designating PECCs (pediatric emergency care coordinators/champions) in EDs, and ensuring hospital EDs weigh and record children's weight in kilograms
- Improve pediatric readiness in EMS systems by establishing a voluntary state standardized prehospital pediatric readiness recognition program for EMS agencies, increasing PECCs, and increasing the number of agencies that have a process for pediatric skills-check on the use of pediatric equipment
- Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies by ensuring that disaster plans address the needs of children
- Prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care

# **Florida EMS for Children Advisory Committee Members**

# Appointed Positions

<p><b>Physician with Pediatric Experience</b> Tricia Swan, MD, M.ED, FAAP, FACEP Associate Professor of Emergency Medicine, University of Florida College of Medicine Program Director, Pediatric Emergency Medicine Fellowship Chair, ACEP Pediatric EM Section</p>	<p><b>Nurse with Emergency Pediatric Experience</b> Nichole Shimko, RN, MSN, CCRN, CPN, C-NPT Manager, Transport Team, Golisano Children’s Hospital of Southwest FL Representative, Florida Neonatal and Pediatric Transport Network Association (FNPTNA)</p>
<p><b>Emergency Medical Technician/Paramedic</b> Barbara Tripp, RN, EMT-P Fire Chief, City of Tampa Fire Rescue</p>	<p><b>Emergency Physician</b> Marshall Frank, DO, MPH, FACEP, FAEMS Medical Director, Sarasota County Fire Department</p>
<p><b>Family Advisory Network Representative</b> Sandra Nasca, RN Retired Nurse and Forensic Medical Investigator, Child Advocate</p>	

# Committee Liaisons

<p><b>Florida Emergency Nurses Association Representative</b> Michael Rushing, MSN, APRN, NRP, FNP-BC, CEN, CPEN, CFRN, TCRN, CCRN-CMC</p>	<p><b>Emergency Department/Emergency Medical Services Pediatric Emergency Care Coordinator</b> Ernest (Sonny) Weishaupt, EMT-P EMS Liaison/PECC, Arnold Palmer Hospital for Children</p>
<p><b>Rural Emergency Medical Services</b> Tracey D. Vause, MPA, CPM, EMT-P Chief of Emergency Services, Walton County Sheriff's Office Chair, Emerald Coast Healthcare Coalition</p>	<p><b>Emergency Medical Services Pediatric Emergency Care Coordinator</b> Sarah Weed, EMT-P Health and Safety Captain, Alachua County Fire Rescue</p>
<p><b>Emergency Medical Services Pediatric Emergency Care Coordinator</b> Jeremiah Rabish, PMD EMS Operations Captain, Sarasota County Fire Department, SCFD PECC</p>	<p><b>Rural Emergency Medical Services Pediatric Emergency Care Coordinator</b> Marvin Walters, PMD EMS Chief, Wakulla County Fire Rescue</p>

# Committee Liaisons Continued

<p><b>Disaster Preparedness</b> Julie Downey, EMT-P Fire Chief, Davie Fire Rescue Chair, EMS Advisory Disaster Response Committee</p>	<p><b>Pediatric Research and Data</b> Jennifer N. Fische, MD Associate Professor, University of Florida COM-J Director UF Center for Data Solutions PECARN WPEMR Node Affiliate Researcher</p>
<p><b>Florida Trauma Program Manager</b> Lisa Nichols, MBA, BSN, RN, CCRN-K Pediatric Trauma Program Manager, Wolfson Children's Hospital</p>	<p><b>Mental Health</b> Lauren Young Work, LCSW Medical Social Work, MIH Coordinator Palm Beach County Fire Rescue</p>
<p><b>Child Death and Children's Medical Services</b> Joshua G. Thomas Director, Child Abuse Death Review Unit Division of Children's Medical Services, FDOH</p>	

# Florida EMSC Program Staff

<p><b>Emergency Medical Services for Children State Partnership Project Director (UF), Florida Emergency Medical Services for Children Medical Director Chair, Emergency Medical Services for Children Advisory Committee</b></p> <p>Phyllis L. Hendry, MD, FAAP, FACEP Professor of Emergency Medicine and Pediatrics Associate Chair for EM Research University of Florida COM - Jacksonville</p>	<p><b>Florida Emergency Medical Services for Children/PEDReady Program Manager</b></p> <p>Katelyn Perl, MS, CHES® Project Manager I Department of Emergency Medicine University of Florida COM - Jacksonville</p>
<p>Megan Curtis Gonzalez, PhD Associate Director of Clinical Research Department of Emergency Medicine University of Florida COM - Jacksonville</p>	<p>Morgan Henson Campobasso, MPH, CPH, CCRP Assistant Director of Clinical Research Department of Emergency Medicine University of Florida COM – Jacksonville</p>
<p>Amy Kennedy Executive Assistant Department of Emergency Medicine University of Florida College of Medicine - Jacksonville</p>	



# **Florida EMS for Children and PEDReady Resources**

# Resources

- [Modified JumpSTART Badge Buddies](#)
- [Pediatric Emergency ABC's and More Poster](#)
- Communication Cards
  - [English/Spanish](#)
  - [English/Creole](#)
- To request resources, email [PEDReady@jax.ufl.edu](mailto:PEDReady@jax.ufl.edu)

Updated 08/01/2023



*Partnering with Florida emergency departments, emergency medical service agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care*

## JumpSTART Badge Buddies



<https://tinyurl.com/2b57jyah>

## Pediatric Emergency ABC's & More



<https://tinyurl.com/mr276ncx>

## Communication Cards




[English/Spanish](#)


[English/Creole](#)





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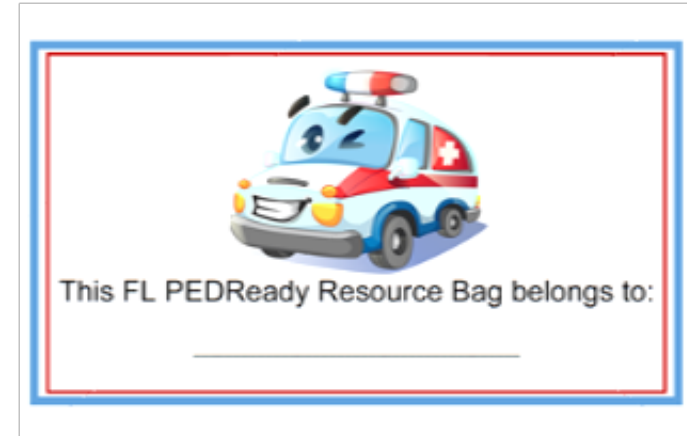


Funded by Florida EMSC State Partnership Program

# Resource Bags

Contain the following items:

- Communication cards
- Modified JumpSTART and START badge buddies
- PALS pocket card
- Handtevy badge buddies
- Difficult Airway Course pocket card (adult and pediatric)
- ABC's of Pediatrics Emergencies chart
- Pain scale cards
- Pediatric ECG card
- Pediatric acetaminophen & ibuprofen dosing magnets
- NRP pocket cards
- Poison center magnets
- Distraction tools
- And more!



# Communication Platforms

*Visit our website!*



- Facebook: [@floridaemsforchildren](#)
- Website: <https://emlrc.org/flpedready/>
- Florida College of Emergency Physicians (FCEP) news briefs
  - To sign up, email [PEDReady@jax.ufl.edu](mailto:PEDReady@jax.ufl.edu)
- *Coming soon!*
  - New website: <https://flemsc.emergency.med.jax.ufl.edu/>
  - Instagram
  - Newsletter: The PE<sup>2</sup>ARL

# **Florida Versus National Pediatric Readiness Project Results from 2021 Survey**

For Emergency Departments

# National Pediatric Readiness Project Assessment



For more information about the National Pediatric Readiness Project, visit <https://www.pedsready.org/>

# **National Pediatric Readiness Project Summary Report**

Florida Versus National Results

## Florida 2021 National Pediatric Readiness State Summary

### 2021 Pediatric Readiness Response Rate

Numerator: **170**  
Denominator: **295**  
Response Rate: **58%**

### 2013-14 Pediatric Readiness Response Rate

Numerator: **127**  
Denominator: **209**  
Response Rate: **61%**

### 2021 Average State Score

**75**

State AVERAGE Hospital Score out of 100 (n=170)

### 2021 Median State Score

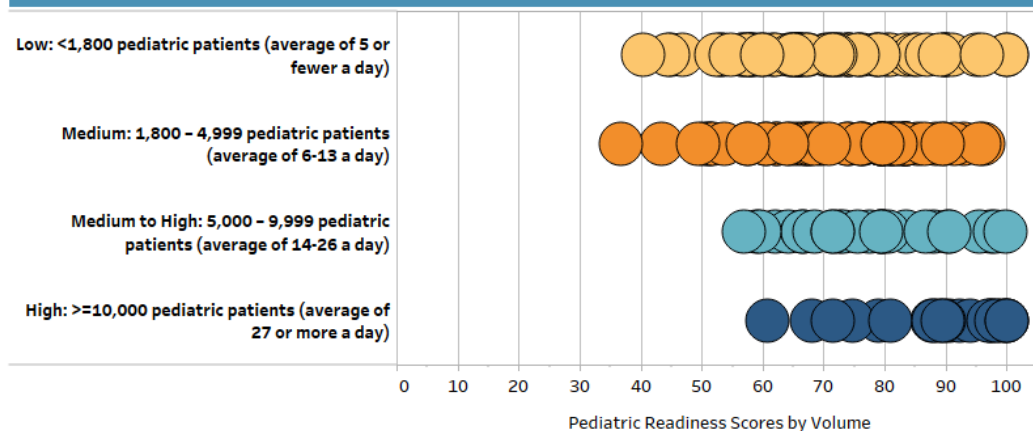
**76**

State MEDIAN Hospital Score out of 100 (n=170)

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not directly comparable with the 2013-14 state scores (based on the 2009 Joint Policy Guidelines). These were two unique assessments based on two different published sets of guidelines. Questions were added/removed and point values changed based on the new guidelines. Although the overall scores are not comparable, several individual questions remained the same and these components can be compared over time.

Filter chart below by urbanicity:  
All

### 2021 Distribution of Scores by Volume



## 2021 National Pediatric Readiness Gap Report

### 2021 National Pediatric Readiness Response Rate

Numerator: **3,647**  
Denominator: **5,150**  
Response Rate: **70.8%**

### 2013-14 National Pediatric Readiness Response Rate

Numerator: **4,150**  
Denominator: **5,017**  
Response Rate: **82.7%**

### 2021 Average National Score

**71**

National AVERAGE Hospital Score out of 100 (n=3,557)

### 2021 Median National Score

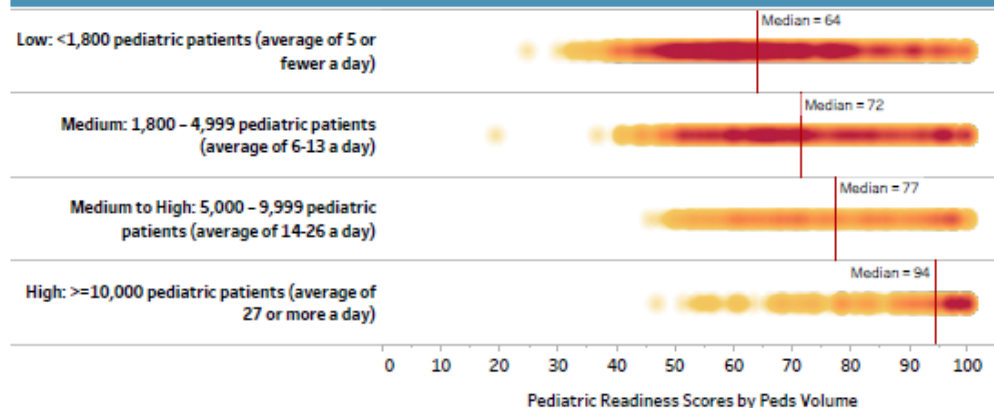
**70**

National MEDIAN Hospital Score out of 100 (n=3,557)

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not directly comparable with the 2013-14 national scores (based on the 2009 Joint Policy Guidelines). These were two unique assessments based on two different published sets of guidelines. Questions were added/removed and point values changed based on the new guidelines. Although the overall scores are not comparable, several individual questions remained the same and these components can be compared over time.

NOTE: There are 89 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

### 2021 Distribution of National Scores by Volume



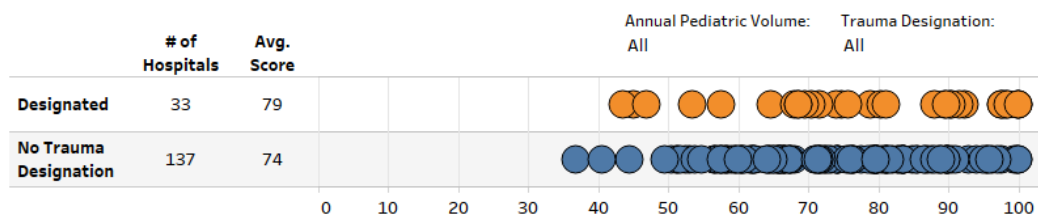


### Breakdown of Scores by Volume Type:

Urbanicity: All

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low: <1,800 pediatric patients (average of 5 or fewer a day)	63	70	68	40	100
Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)	56	73	76	37	96
Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)	28	78	79	57	100
High: >=10,000 pediatric patients (average of 27 or more a day)	23	89	91	61	100
<b>Grand Total</b>	<b>170</b>	<b>75</b>	<b>76</b>	<b>37</b>	<b>100</b>

### Breakdown of Scores by Trauma Designation



### Average Scores By Section

Section	Missing Records	Avg Section Score	Possible Score
Guidelines for Administration and Coordination of the ED for the Care of Children (19 pts)	0	7.8	19
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	0	6.2	10
Guidelines QI/PI in the ED (7 pts)	0	3.0	7
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	0	13.5	14
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	0	12.1	17
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	0	32.3	33

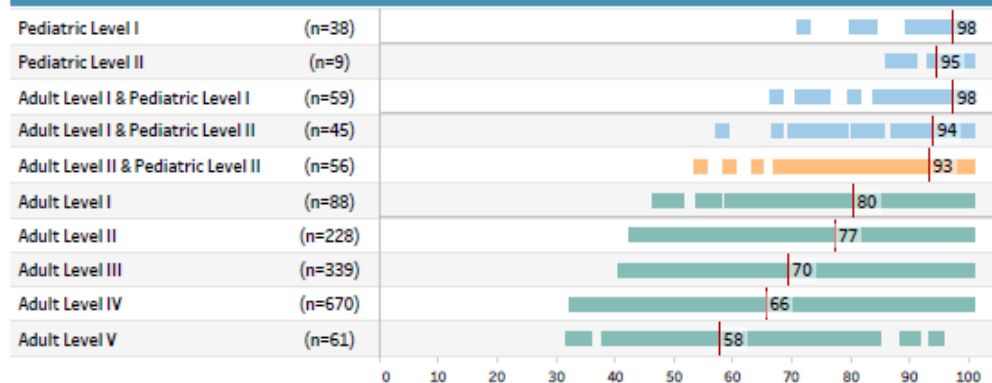
NOTE: If there are missing values from any of the assessments (specifically from PDF assessments), they are shown in the "Missing Records" column. This indicates records that were missing scored questions and could not be included in the calculation of the average section score.

### Breakdown of National Scores by Volume Type

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low: <1,800 pediatric patients (average of 5 or fewer a day)	1,806	66	64	25	100
Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)	1,103	73	72	20	100
Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)	367	77	77	46	100
High: >=10,000 pediatric patients (average of 27 or more a day)	281	90	94	47	100
<b>Grand Total</b>	<b>3,557</b>	<b>71</b>	<b>70</b>	<b>20</b>	<b>100</b>

NOTE: There are 89 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

### Distribution of Trauma Designation by Score (Median Score Red Line)



### National Average Scores By Section

Section	Missing Responses	Avg Section Score	Possible Score
Guidelines for Administration and Coordination of the ED for the Care of Children (19 pts)	3	7.0	19
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	31	5.6	10
Guidelines QI/PI in the ED (7 pts)	11	2.8	7
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	7	12.7	14
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	36	11.2	17
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	41	31.8	33

NOTE: If there are missing values from any of the assessments (specifically from PDF assessments), they are shown in the "Missing Responses" column. This indicates records that were missing scored questions and could not be included in the calculation of the average section score.

## Analysis of Scored Questions in the Assessment by Section

The following analysis is grouped by the **six** main sections of the assessment. Each section has an average score shown on page 2. Under the section headings are the lists for each of the scored questions in that section along with a comparison between the previous 2013-14 assessment (if applicable) and the most recent national assessment.

If a question has been added since the original 2013-14 national assessment **you will see a blank in the "2013-14 Percent that Had Item,"** indicating that question was not available during the previous assessment.

The KPI (Key Performance Indicator) is shown in the legend on your right in colors and shapes. These symbols are not punitive, rather an indicator of performance **to help you quickly identify areas for quality improvement** based on the 2021 results. Collaborate with stakeholders in your state/territory to identify areas to work on first.

The importance of having each of these items can be found in the "Importance Statements" document: <https://www.pedsready.org/docs/NPRP%20Gap%20Report%20Importance%20Statements.pdf>.

**NOTE:** Please note that the bigger the difference in response rates between the two assessment periods (see page 1), the more difficult it is to use this report for an accurate assessment of change over time.

### KPI Legend:

-  100% of EDs Have Item
-  80 to 99.9% Have Item
-  60 to 79.9% Have Item
-  30 to 59.9% Have Item
-  29.9% or Less Have Item

## Analysis of Scored Questions in the Assessment by Section

The following analysis is grouped by the **six** main sections of the assessment. Each section has an average score shown on page 2. Under the section headings are the lists for each of the scored questions in that section along with a comparison between the previous 2013-14 assessment (if applicable) and the most recent national assessment.

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The KPI (Key Performance Indicator) is shown in the legend on the right in colors and shapes. These symbols are an indicator of performance to help stakeholders quickly identify areas for quality improvement based on the 2021 results.

The importance of having each of these items can be found in the "Importance Statements" document: <https://www.pedsready.org/docs/NPRP%20Gap%20Report%20Importance%20Statements.pdf>.



### KPI Legend:

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### Guidelines for Administration and Coordination of the ED for the Care of Children (19 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Physician Coordinator		<b>73/170</b> (Missing = 0)	<b>42.9%</b>	58.7%	-15.8% ▼
Nurse Coordinator		<b>66/170</b> (Missing = 0)	<b>38.8%</b>	66.7%	-27.9% ▼





### Guidelines for Administration and Coordination of the ED for the Care of Children (19 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Physician Coordinator		<b>1,338/3,643</b> (Missing = 3)	<b>36.7%</b>	47.4%	-10.7% ▼
Nurse Coordinator		<b>1,349/3,646</b> (Missing = 0)	<b>37.0%</b>	59.3%	-22.3% ▼

### Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 points)

Physician Competency Evaluations		<b>124/170</b> (Missing = 0)	<b>72.9%</b>	55.6%	17.3% ▲
Physician Maintenance of Board Certification		<b>100/170</b> (Missing = 0)	<b>58.8%</b>		
Nurse Competency Evaluations		<b>151/170</b> (Missing = 0)	<b>88.8%</b>	78.6%	10.2% ▲
Nurse Maintenance of Specialty Certification		<b>45/170</b> (Missing = 0)	<b>26.5%</b>		

### Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 points)

Physician Competency Evaluations		<b>2,445/3,637</b> (Missing = 9)	<b>67.2%</b>	38.6%	28.6% ▲
Physician Maintenance of Board Certification		<b>1,861/3,624</b> (Missing = 22)	<b>51.4%</b>		
Nurse Competency Evaluations		<b>3,237/3,642</b> (Missing = 4)	<b>88.9%</b>	66.6%	22.3% ▲
Nurse Maintenance of Specialty Certification		<b>653/3,630</b> (Missing = 16)	<b>18.0%</b>		

### Guidelines QI/PI in the ED (7 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Patient care-review process (chart review)		83/170 (Missing = 0)	48.8%	57.9%	-9.1% ▼
Identification of quality indicators for children		64/170 (Missing = 0)	37.6%	32.5%	5.1% ▲
Collection and analysis of pediatric emergency care data		77/170 (Missing = 0)	45.3%	54.0%	-8.7% ▼
Development of a plan for improvement in pediatric emergency care		72/170 (Missing = 0)	42.4%	52.4%	-10.0% ▼
Re-evaluation of performance using outcomes-based measures		64/170 (Missing = 0)	37.6%	51.6%	-14.0% ▼

### Guidelines for Improving Pediatric Patient Safety in the ED (14 points)

Children seen in the ED weighed in kilograms (without conversion from pounds)		169/170 (Missing = 0)	99.4%	83.3%	16.1% ▲
Children's weights recorded in the ED medical record in kilograms only		165/170 (Missing = 0)	97.1%		
Temperature, heart rate, and respiratory rate recorded		170/170 (Missing = 0)	100.0%	99.2%	0.8% ▲
Blood pressure monitoring available based on severity of illness		169/170 (Missing = 0)	99.4%	99.2%	0.2% ▲
Pulse oximetry monitoring available based on severity of illness		170/170 (Missing = 0)	100.0%	100.0%	0.0%
End tidal CO2 monitoring available based on severity of illness		165/170 (Missing = 0)	97.1%		
Process in place for notification (manual or automated) of physicians when abnormal vital signs are found		167/170 (Missing = 0)	98.2%	83.3%	14.9% ▲

### Guidelines QI/PI in the ED (7 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Patient care-review process (chart review)		1,724/3,642 (Missing = 4)	47.3%	45.1%	2.2% ▲
Identification of quality indicators for children		1,276/3,640 (Missing = 6)	35.1%	26.3%	8.8% ▲
Collection and analysis of pediatric emergency care data		1,594/3,639 (Missing = 7)	43.8%	39.7%	4.1% ▲
Development of a plan for improvement in pediatric emergency care		1,457/3,638 (Missing = 8)	40.0%	35.6%	4.4% ▲
Re-evaluation of performance using outcomes-based measures		1,328/3,636 (Missing = 10)	36.5%	33.1%	3.4% ▲

### Guidelines for Improving Pediatric Patient Safety in the ED (14 points)

Children seen in the ED weighed in kilograms (without conversion from pounds)		2,972/3,645 (Missing = 1)	81.5%	67.7%	13.8% ▲
Children's weights recorded in the ED medical record in kilograms only		2,900/3,645 (Missing = 1)	79.6%		
Temperature, heart rate, and respiratory rate recorded		3,618/3,645 (Missing = 1)	99.3%	98.6%	0.7% ▲
Blood pressure monitoring available based on severity of illness		3,610/3,644 (Missing = 2)	99.1%	98.1%	1.0% ▲
Pulse oximetry monitoring available based on severity of illness		3,640/3,644 (Missing = 2)	99.9%	99.7%	0.2% ▲
End tidal CO2 monitoring available based on severity of illness		3,319/3,643 (Missing = 3)	91.1%		
Process in place for notification (manual or automated) of physicians when abnormal vital signs are found		3,536/3,644 (Missing = 2)	97.0%	70.1%	26.9% ▲

### Guidelines for Improving Pediatric Patient Safety in the ED (14 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Process in place for the use of pre-calculated drug dosing in all children	●	151/170 (Missing = 0)	88.8%	92.9%	-4.1% ▼
Process in place that allows for 24/7 access to interpreter services in the ED	✓	170/170 (Missing = 0)	100.0%	98.4%	1.6% ▲
Level of consciousness (e.g. AVPU or GCS) assessed in all children	●	158/170 (Missing = 0)	92.9%		
Level of pain assessed in all children	●	169/170 (Missing = 0)	99.4%		

### Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

Triage policy that specifically addresses ill and injured children	▲	125/170 (Missing = 0)	73.5%	72.2%	1.3% ▲
Policy for pediatric patient assessment and reassessment	●	139/170 (Missing = 0)	81.8%	85.7%	-3.9% ▼
Policy for immunization assessment and management of the under-immunized child	◆	85/170 (Missing = 0)	50.0%	65.1%	-15.1% ▼
Policy for child maltreatment	●	151/170 (Missing = 0)	88.8%	88.9%	-0.1% ▼
Policy for death of the child in the ED	▲	120/170 (Missing = 0)	70.6%	66.7%	3.9% ▲
Policy for reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight	●	141/170 (Missing = 0)	82.9%	62.7%	20.2% ▲
Policy for behavioral health issues for children of all ages	▲	134/170 (Missing = 0)	78.8%		
Involving families and caregivers in patient care decision-making	▲	127/170 (Missing = 0)	74.7%		

### Guidelines for Improving Pediatric Patient Safety in the ED (14 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Process in place for the use of pre-calculated drug dosing in all children	●	3,114/3,645 (Missing = 1)	85.4%	78.9%	6.5% ▲
Process in place that allows for 24/7 access to interpreter services in the ED	●	3,590/3,645 (Missing = 1)	98.5%	95.4%	3.1% ▲
Level of consciousness (e.g. AVPU or GCS) assessed in all children	●	3,158/3,644 (Missing = 2)	86.7%		
Level of pain assessed in all children	●	3,520/3,644 (Missing = 2)	96.6%		

### Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

Triage policy that specifically addresses ill and injured children	▲	2,271/3,641 (Missing = 5)	62.4%	57.6%	4.8% ▲
Policy for pediatric patient assessment and reassessment	▲	2,872/3,641 (Missing = 5)	78.9%	73.4%	5.5% ▲
Policy for immunization assessment and management of the under-immunized child	◆	1,663/3,642 (Missing = 4)	45.7%	51.7%	-6.0% ▼
Policy for child maltreatment	●	3,311/3,644 (Missing = 2)	90.9%	83.1%	7.8% ▲
Policy for death of the child in the ED	▲	2,584/3,642 (Missing = 4)	71.0%	58.0%	13.0% ▲
Policy for reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight	▲	2,762/3,637 (Missing = 9)	75.9%	52.6%	23.3% ▲
Policy for behavioral health issues for children of all ages	▲	2,665/3,644 (Missing = 2)	73.1%		
Involving families and caregivers in patient care decision-making	▲	2,238/3,636 (Missing = 10)	61.6%		

## Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Involving families and caregivers in medication safety processes		118/170 (Missing = 0)	69.4%		
Family and guardian presence during all aspects of emergency care, including resuscitation		123/170 (Missing = 0)	72.4%		
Education of the patient, family, and caregivers on treatment plan and disposition		124/170 (Missing = 0)	72.9%		
Bereavement counseling		98/170 (Missing = 0)	57.6%		
Disaster plan includes availability of medications, vaccines, equipment, supplies, and appropriately trained providers		73/170 (Missing = 0)	42.9%		
Disaster plan includes decontamination, isolation, and quarantine of families and children		75/170 (Missing = 0)	44.1%		
Disaster plan includes minimization of parent-child separation and methods for reuniting separated children with their families		75/170 (Missing = 0)	44.1%		
All disaster drills include pediatric patients		70/170 (Missing = 0)	41.2%		
Disaster plan includes pediatric surge capacity for both injured and non-injured children		70/170 (Missing = 0)	41.2%		
Disaster plan includes access to behavioral health resources for children		65/170 (Missing = 0)	38.2%		
Disaster plan includes care of children with special health care needs		69/170 (Missing = 0)	40.6%		
Written inter-facility transfer guidelines		136/170 (Missing = 0)	80.0%	86.5%	-6.5% ▼

## Guidelines for Policies, Procedures, and Protocols for the ED (17 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Involving families and caregivers in medication safety processes		2,060/3,636 (Missing = 10)	56.7%		
Family and guardian presence during all aspects of emergency care, including resuscitation		2,131/3,636 (Missing = 10)	58.6%		
Education of the patient, family, and caregivers on treatment plan and disposition		2,228/3,636 (Missing = 10)	61.3%		
Bereavement counseling		1,672/3,635 (Missing = 11)	46.0%		
Disaster plan includes availability of medications, vaccines, equipment, supplies, and appropriately trained providers		1,556/3,635 (Missing = 11)	42.8%		
Disaster plan includes decontamination, isolation, and quarantine of families and children		1,616/3,635 (Missing = 11)	44.5%		
Disaster plan includes minimization of parent-child separation and methods for reuniting separated children with their families		1,580/3,636 (Missing = 10)	43.5%		
All disaster drills include pediatric patients		1,359/3,636 (Missing = 10)	37.4%		
Disaster plan includes pediatric surge capacity for both injured and non-injured children		1,457/3,636 (Missing = 10)	40.1%		
Disaster plan includes access to behavioral health resources for children		1,400/3,637 (Missing = 9)	38.5%		
Disaster plan includes care of children with special health care needs		1,368/3,636 (Missing = 10)	37.6%		
Written inter-facility transfer guidelines		2,603/3,639 (Missing = 7)	71.5%	70.5%	1.0% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
All staff trained on the location of all pediatric equipment and medications	●	169/170 (Missing = 0)	99.4%	100.0%	-0.6% ▼
Daily method used to verify the proper location and function of pediatric equipment and supplies	●	159/170 (Missing = 0)	93.5%	94.4%	-0.9% ▼
Standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Neonatal blood pressure cuff	●	160/170 (Missing = 0)	94.1%	93.7%	0.4% ▲
Infant blood pressure cuff	●	169/170 (Missing = 0)	99.4%	99.2%	0.2% ▲
Child blood pressure cuff	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Defibrillator with pediatric and adult capabilities including pads and or paddles	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Pulse oximeter with pediatric and adult probes	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Continuous end-tidal CO2 monitoring device	●	166/170 (Missing = 0)	97.6%	82.5%	15.1% ▲
22 gauge catheter-over-the-needle	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
24 gauge catheter-over-the-needle	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Pediatric intra-osseous needles	●	169/170 (Missing = 0)	99.4%	97.6%	1.8% ▲
IV administration sets with calibrated chambers or an infusion pump	●	165/170 (Missing = 0)	97.1%	95.2%	1.9% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
All staff trained on the location of all pediatric equipment and medications	●	3,615/3,644 (Missing = 2)	99.2%	99.5%	-0.3% ▼
Daily method used to verify the proper location and function of pediatric equipment and supplies	●	3,070/3,643 (Missing = 3)	84.3%	83.1%	1.2% ▲
Standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)	●	3,624/3,644 (Missing = 2)	99.5%	99.5%	0.0%
Neonatal blood pressure cuff	●	3,398/3,644 (Missing = 2)	93.2%	92.0%	1.2% ▲
Infant blood pressure cuff	●	3,612/3,645 (Missing = 1)	99.1%	99.1%	0.0%
Child blood pressure cuff	●	3,638/3,644 (Missing = 2)	99.8%	99.9%	-0.1% ▼
Defibrillator with pediatric and adult capabilities including pads and or paddles	●	3,631/3,644 (Missing = 2)	99.6%	99.7%	-0.1% ▼
Pulse oximeter with pediatric and adult probes	●	3,641/3,645 (Missing = 1)	99.9%	99.7%	0.2% ▲
Continuous end-tidal CO2 monitoring device	●	3,435/3,643 (Missing = 3)	94.3%	81.7%	12.6% ▲
22 gauge catheter-over-the-needle	●	3,636/3,642 (Missing = 4)	99.8%	99.7%	0.1% ▲
24 gauge catheter-over-the-needle	●	3,629/3,642 (Missing = 4)	99.6%	99.5%	0.1% ▲
Pediatric intra-osseous needles	●	3,586/3,642 (Missing = 4)	98.5%	97.6%	0.9% ▲
IV administration sets with calibrated chambers or an infusion pump	●	3,474/3,642 (Missing = 4)	95.4%	95.3%	0.1% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Endotracheal tubes: cuffed or uncuffed 2.5 mm	●	162/170 (Missing = 0)	95.3%	96.0%	-0.7% ▼
Endotracheal tubes: cuffed or uncuffed 3.0 mm	●	166/170 (Missing = 0)	97.6%	96.8%	0.8% ▲
Endotracheal tubes: cuffed or uncuffed 3.5 mm	✓	170/170 (Missing = 0)	100.0%	97.6%	2.4% ▲
Endotracheal tubes: cuffed or uncuffed 4.0 mm	✓	170/170 (Missing = 0)	100.0%	100.0%	0.0%
Endotracheal tubes: cuffed or uncuffed 4.5 mm	✓	170/170 (Missing = 0)	100.0%	99.2%	0.8% ▲
Endotracheal tubes: cuffed or uncuffed 5.0 mm	✓	170/170 (Missing = 0)	100.0%	98.4%	1.6% ▲
Endotracheal tubes: cuffed or uncuffed 5.5 mm	●	169/170 (Missing = 0)	99.4%	99.2%	0.2% ▲
Endotracheal tubes: cuffed 6.0 mm	✓	170/170 (Missing = 0)	100.0%	99.2%	0.8% ▲
Laryngoscope blades: straight, size 0	●	160/170 (Missing = 0)	94.1%	97.6%	-3.5% ▼
Laryngoscope blades: straight, size 1	●	168/170 (Missing = 0)	98.8%	99.2%	-0.4% ▼
Laryngoscope blades: straight, size 2	●	166/170 (Missing = 0)	97.6%	100.0%	-2.4% ▼
Laryngoscope blades: curved, size 2	●	165/170 (Missing = 0)	97.1%	100.0%	-2.9% ▼
Pediatric-sized Magill forcep	●	156/170 (Missing = 0)	91.8%	90.5%	1.3% ▲
Nasopharyngeal airways: infant-sized	●	161/170 (Missing = 0)	94.7%	89.7%	5.0% ▲
Nasopharyngeal airways: child-sized	●	162/170 (Missing = 0)	95.3%	92.9%	2.4% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Endotracheal tubes: cuffed or uncuffed 2.5 mm	●	3,480/3,644 (Missing = 2)	95.5%	94.3%	1.2% ▲
Endotracheal tubes: cuffed or uncuffed 3.0 mm	●	3,582/3,644 (Missing = 2)	98.3%	97.0%	1.3% ▲
Endotracheal tubes: cuffed or uncuffed 3.5 mm	●	3,613/3,645 (Missing = 1)	99.1%	98.4%	0.7% ▲
Endotracheal tubes: cuffed or uncuffed 4.0 mm	●	3,633/3,642 (Missing = 4)	99.8%	99.4%	0.4% ▲
Endotracheal tubes: cuffed or uncuffed 4.5 mm	●	3,620/3,643 (Missing = 3)	99.4%	98.6%	0.8% ▲
Endotracheal tubes: cuffed or uncuffed 5.0 mm	●	3,635/3,642 (Missing = 4)	99.8%	99.4%	0.4% ▲
Endotracheal tubes: cuffed or uncuffed 5.5 mm	●	3,611/3,641 (Missing = 5)	99.2%	98.1%	1.1% ▲
Endotracheal tubes: cuffed 6.0 mm	●	3,623/3,639 (Missing = 7)	99.6%	99.2%	0.4% ▲
Laryngoscope blades: straight, size 0	●	3,416/3,640 (Missing = 6)	93.8%	94.1%	-0.3% ▼
Laryngoscope blades: straight, size 1	●	3,569/3,640 (Missing = 6)	98.0%	98.2%	-0.2% ▼
Laryngoscope blades: straight, size 2	●	3,574/3,640 (Missing = 6)	98.2%	96.8%	1.4% ▲
Laryngoscope blades: curved, size 2	●	3,558/3,639 (Missing = 7)	97.8%	96.5%	1.3% ▲
Pediatric-sized Magill forcep	●	3,218/3,635 (Missing = 11)	88.5%	82.4%	6.1% ▲
Nasopharyngeal airways: infant-sized	●	3,322/3,639 (Missing = 7)	91.3%	82.9%	8.4% ▲
Nasopharyngeal airways: child-sized	●	3,416/3,640 (Missing = 6)	93.8%	87.7%	6.1% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Oropharyngeal airways: size 0 (50mm)	●	166/170 (Missing = 0)	97.6%	92.1%	5.5% ▲
Oropharyngeal airways: size 1 (60mm)	●	168/170 (Missing = 0)	98.8%	96.0%	2.8% ▲
Oropharyngeal airways: size 2 (70mm)	●	167/170 (Missing = 0)	98.2%	95.2%	3.0% ▲
Oropharyngeal airways: size 3 (80mm)	●	168/170 (Missing = 0)	98.8%	95.2%	3.6% ▲
Stylets for pediatric/infant-sized endotracheal tube	●	168/170 (Missing = 0)	98.8%	100.0%	-1.2% ▼
Bag-mask device, self-inflating (infant/child)	✓	170/170 (Missing = 0)	100.0%	99.2%	0.8% ▲
Masks (neonatal size) to fit bag-mask device	●	164/170 (Missing = 0)	96.5%	95.2%	1.3% ▲
Masks (infant size) to fit bag-mask device	●	168/170 (Missing = 0)	98.8%	97.6%	1.2% ▲
Masks (child size) to fit bag-mask device	✓	170/170 (Missing = 0)	100.0%	98.4%	1.6% ▲
Simple oxygen face masks: standard infant	●	162/170 (Missing = 0)	95.3%	96.0%	-0.7% ▼
Clear oxygen masks: standard child	●	164/170 (Missing = 0)	96.5%	97.6%	-1.1% ▼
Non-rebreather masks: infant-sized	●	163/170 (Missing = 0)	95.9%	93.7%	2.2% ▲
Non-rebreather masks: child-sized	✓	170/170 (Missing = 0)	100.0%	99.2%	0.8% ▲
Nasal cannulas: infant	●	162/170 (Missing = 0)	95.3%	94.4%	0.9% ▲
Nasal cannulas: child	●	169/170 (Missing = 0)	99.4%	96.8%	2.6% ▲
Suction catheters: at least one in range 6-8F	●	168/170 (Missing = 0)	98.8%	97.6%	1.2% ▲
Suction catheters: at least one in range 10-12F	●	169/170 (Missing = 0)	99.4%	99.2%	0.2% ▲
Supplies/kit for pediatric patients with difficult airways	●	156/170 (Missing = 0)	91.8%	84.9%	6.9% ▲

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of EDs that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Oropharyngeal airways: size 0 (50mm)	●	3,458/3,640 (Missing = 6)	95.0%	92.5%	2.5% ▲
Oropharyngeal airways: size 1 (60mm)	●	3,551/3,640 (Missing = 6)	97.6%	96.6%	1.0% ▲
Oropharyngeal airways: size 2 (70mm)	●	3,551/3,640 (Missing = 6)	97.6%	95.6%	2.0% ▲
Oropharyngeal airways: size 3 (80mm)	●	3,562/3,639 (Missing = 7)	97.9%	96.8%	1.1% ▲
Stylets for pediatric/infant-sized endotracheal tube	●	3,551/3,638 (Missing = 8)	97.6%	97.4%	0.2% ▲
Bag-mask device, self-inflating (infant/child)	●	3,617/3,644 (Missing = 2)	99.3%	96.8%	2.5% ▲
Masks (neonatal size) to fit bag-mask device	●	3,472/3,644 (Missing = 2)	95.3%	92.4%	2.9% ▲
Masks (infant size) to fit bag-mask device	●	3,615/3,645 (Missing = 1)	99.2%	98.6%	0.6% ▲
Masks (child size) to fit bag-mask device	●	3,631/3,645 (Missing = 1)	99.6%	99.0%	0.6% ▲
Simple oxygen face masks: standard infant	●	3,485/3,643 (Missing = 3)	95.7%	93.4%	2.3% ▲
Clear oxygen masks: standard child	●	3,566/3,643 (Missing = 3)	97.9%	98.1%	-0.2% ▼
Non-rebreather masks: infant-sized	●	3,220/3,641 (Missing = 5)	88.4%	84.1%	4.3% ▲
Non-rebreather masks: child-sized	●	3,490/3,641 (Missing = 5)	95.9%	93.8%	2.1% ▲
Nasal cannulas: infant	●	3,462/3,641 (Missing = 5)	95.1%	91.0%	4.1% ▲
Nasal cannulas: child	●	3,600/3,641 (Missing = 5)	98.9%	95.9%	3.0% ▲
Suction catheters: at least one in range 6-8F	●	3,606/3,643 (Missing = 3)	99.0%	98.5%	0.5% ▲
Suction catheters: at least one in range 10-12F	●	3,623/3,643 (Missing = 3)	99.5%	99.2%	0.3% ▲
Supplies/kit for pediatric patients with difficult airways	●	3,353/3,639 (Missing = 7)	92.1%	75.3%	16.8% ▲



# **Resources for Emergency Departments**

# Checklist

- A free resource for ED professionals to ensure your hospital's ED has the critical components outlined in the Emergency Nurses Association 2018 joint policy statement, "Pediatric Readiness in the Emergency Department"
- [ED Checklist](#) provided by the EMSC Innovation and Improvement Center





## Pediatric Readiness in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2018 joint policy statement "Pediatric Readiness in the Emergency Department," which can be found online at: <https://pediatrics.aappublications.org/content/pediatrics/142/5/e20182459.full.pdf>.

Use this tool to check if your hospital emergency department (ED) has the most critical components listed in the joint policy statement.

### Administration and Coordination of the ED for the Care of Children

- Physician Coordinator for Pediatric Emergency Care (PECC)\*
  - Board certified/eligible in EM or PEM (preferred but not required for resource limited hospitals)
  - The Physician PECC is not board certified in EM or PEM but meets the qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill child.
- Nurse Coordinator for Pediatric Emergency Care (PECC)\*
  - CPEN/CEN (*preferred*)
  - Other credentials (e.g., CPN, CCRN)

\* An Advanced Practice Provider may serve in either of these roles. Please see the guidelines/toolkit for further definition of the role(s).

### Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers

- Healthcare providers who staff the ED have periodic pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any/all of the following:
  - Assessment and treatment (e.g., triage)
  - Medication administration
  - Device/equipment safety
  - Critical procedures
  - Resuscitation
  - Trauma resuscitation and stabilization
  - Disaster drills that include children
  - Patient- and family-centered care
  - Team training and effective communication

### Guidelines for QI/PI in the ED

- The QI/PI plan includes pediatric-specific indicators
  - Data are collected and analyzed
  - System changes are implemented based on performance
  - System performance is monitored over time

Please see the guidelines/toolkit for additional details.

### ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children. *These policies may be integrated into overall ED policies as long as pediatric-specific issues are addressed.*

- Illness and injury triage
- Pediatric patient assessment and reassessment
- Identification and notification of the responsible provider of abnormal pediatric vital signs
- Immunization assessment and management of the under-immunized patient
- Sedation and analgesia, for procedures including medical imaging
- Consent, including when parent or legal guardian is not immediately available
- Social and behavioral health issues
- Physical or chemical restraint of patients
- Child maltreatment reporting and assessment
- Death of the child in the ED
- Do not resuscitate (DNR) orders
- Children with special health care needs
- Family and guardian presence during all aspects of emergency care, including resuscitation
- Patient, family, guardian, and caregiver education
- Discharge planning and instruction
- Bereavement counseling
- Communication with the patient's medical home or primary care provider as needed.
- Telehealth and telecommunications

### All-Hazard Disaster Preparedness

The written all-hazard disaster-preparedness plan addresses pediatric-specific needs within the core domains including:

- Medications, vaccines, equipment, supplies and trained providers for children in disasters
- Pediatric surge capacity for injured and non-injured children
- Decontamination, isolation, and quarantine of families and children of all ages
- Minimization of parent-child separation
- Tracking and reunification for children and families
- Access to specific behavioral health therapies and social services for children
- Disaster drills include a pediatric mass casualty incident at least every two years
- Care of children with special health care needs

### Evidence-Based Guidelines

- Evidence-based clinical pathways, order sets or decision support available to providers in real time

### Inter-facility Transfers

- Written pediatric inter-facility transfer agreements
- Written pediatric inter-facility transfer guidelines. These may include:
  - Criteria for transfers (e.g., specialty services)
  - Criteria for selection of appropriate transport service
  - Process for initiation of transfer
  - Plan for transfer of patient information
  - Integration of family-centered care
  - Integration of telehealth/telecommunications

### Guidelines for Improving Pediatric Patient Safety

Pediatric patient and medication safety needs are addressed in the following ways:

- Children are weighed in kilograms only
- Weights are recorded in kilograms only
- For children who require emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., a length-based system)
- Infants and children have a full set of vital signs recorded
  - A full set of vital signs includes temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status when indicated in the medical record
- CO<sub>2</sub> monitoring for children of all ages
- Process for safe medication delivery that includes:
  - Prescribing
  - Administration
  - Disposal
- Pre-calculated drug dosing and formulation guides
- 24/7 access to interpreter services in the ED
- Timely tracking and reporting of patient safety events

### Guidelines for ED Support Services

- Medical imaging capabilities and protocols address age- or weight-appropriate dose reductions for children
- All efforts made to transfer completed images when a patient is transferred from one facility to another
- Collaboration with radiology, laboratory and other ED support services to ensure the needs of children in the community are met

Please see the guidelines/toolkit for additional details

### Guidelines for Medication, Equipment and Supplies

Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes (see list below), and are easily accessible, clearly labeled, and logically organized.

- ED staff is educated on the location of all items
- Daily method in place to verify the proper location and function of pediatric equipment and supplies
- Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications
- Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)

### Medications

- Analgesics (oral, intranasal, and parenteral)
- Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])
- Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)
- Antidotes (common antidotes should be accessible to the ED, e.g., naloxone)
- Antipyretics (acetaminophen and ibuprofen)
- Antiemetics (ondansetron and prochlorperazine)
- Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)
- Antimicrobials (parenteral and oral)
- Antipsychotics (olanzapine and haloperidol)
- Benzodiazepines (midazolam and lorazepam)
- Bronchodilators
- Calcium chloride and/or calcium gluconate
- Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)
- Cardiac medications (adenosine, amiodarone, atropine, procainamide, and lidocaine)
- Hypoglycemic interventions (dextrose, oral glucose)
- Diphenhydramine
- Epinephrine (1mg/mL [1M] and 0.1 mg/mL [IV] solutions)
- Furosemide
- Glucagon
- Insulin
- Magnesium sulfate
- Intracranial hypertension medications (mannitol, 3% hypertonic saline)
- Neuromuscular blockers (rocuronium and succinylcholine)
- Sucrose solutions for pain control in infants
- Sedation medications (midazolam, etomidate and ketamine)
- Sodium bicarbonate (4.2%)
- Vasopressor agents (dopamine, epinephrine and norepinephrine)
- Vaccines (tetanus)

<b>Equipment/Supplies: General Equipment</b> <input type="checkbox"/> Patient warming device (infant warmer) <input type="checkbox"/> IV blood and/or fluid warmer <input type="checkbox"/> Restraint device <input type="checkbox"/> Weight scale, in kilograms only (no opportunity to weigh or report in pounds), for infants and children <input type="checkbox"/> Tool or chart that relies on weight (kilograms) used to assist physicians and nurses in determining equipment size and correct drug dosing (by weight and total volume) <input type="checkbox"/> Pain scale assessment tools that are appropriate for age <input type="checkbox"/> Rigid boards for use in CPR <input type="checkbox"/> Pediatric-specific AED pads	<b>Equipment/Supplies: Respiratory</b> <u>Endotracheal Tubes</u> <input type="checkbox"/> uncuffed 2.5 mm <input type="checkbox"/> uncuffed 3.0 mm <input type="checkbox"/> cuffed or uncuffed 3.5 mm <input type="checkbox"/> cuffed or uncuffed 4.0 mm <input type="checkbox"/> cuffed or uncuffed 4.5 mm <input type="checkbox"/> cuffed or uncuffed 5.0 mm <input type="checkbox"/> cuffed or uncuffed 5.5 mm <input type="checkbox"/> cuffed 6.0 mm <u>Feeding Tubes</u> <input type="checkbox"/> 5F <input type="checkbox"/> 8F <u>Laryngoscope Blades</u> <input type="checkbox"/> straight: 0 <input type="checkbox"/> straight: 1 <input type="checkbox"/> straight: 2 <input type="checkbox"/> curved: 2 <u>Magill Forceps</u> <input type="checkbox"/> pediatric <u>Nasopharyngeal Airways</u> <input type="checkbox"/> infant <input type="checkbox"/> child <u>Oropharyngeal Airways</u> <input type="checkbox"/> size 0 <input type="checkbox"/> size 1 <input type="checkbox"/> size 2 <input type="checkbox"/> size 3
<b>Equipment/Supplies: Vascular Access</b> <u>Arm boards</u> <input type="checkbox"/> infant <input type="checkbox"/> child <input type="checkbox"/> Atomizer for intranasal administration of medication <u>Catheter-over-the-needle device</u> <input type="checkbox"/> 22 gauge <input type="checkbox"/> 24 gauge <u>Intraosseous needles or device</u> <input type="checkbox"/> pediatric <input type="checkbox"/> IV administration sets with calibrated chambers and extension tubing and/or infusion devices with the ability to regulate the rate and volume of infusate (including low volumes) <u>IV solutions</u> <input type="checkbox"/> Normal saline <input type="checkbox"/> Dextrose 5% in 0.45% normal saline <input type="checkbox"/> Lactated Ringer's solution <input type="checkbox"/> Dextrose 10% in water	<u>Stylets for endotracheal tubes</u> <input type="checkbox"/> pediatric <input type="checkbox"/> infant <u>Suction Catheters</u> <input type="checkbox"/> infant (6-8F) <input type="checkbox"/> child (10-12F) <u>Rigid Suction Device</u> <input type="checkbox"/> pediatric <u>Bag-mask device, self-inflating</u> <input type="checkbox"/> infant (250 ml) <input type="checkbox"/> child (450-500 ml) <u>Non-rebreather masks</u> <input type="checkbox"/> infant <input type="checkbox"/> child <u>Clear Oxygen masks</u> <input type="checkbox"/> infant <input type="checkbox"/> child <u>Masks to fit bag-mask device adaptor</u> <input type="checkbox"/> neonatal <input type="checkbox"/> infant <input type="checkbox"/> child <u>Nasal cannula</u> <input type="checkbox"/> infant <input type="checkbox"/> child <u>Gastric tubes</u> <input type="checkbox"/> infant (8F) <input type="checkbox"/> child (10F)
<b>Equipment/Supplies: Fracture-Management Devices</b> <u>Extremity splints (including femur splints)</u> <input type="checkbox"/> pediatric <u>Cervical Collar</u> <input type="checkbox"/> infant <input type="checkbox"/> child <b>Equipment/Supplies: Monitoring Equipment</b> <u>Blood pressure cuffs</u> <input type="checkbox"/> neonatal <input type="checkbox"/> infant <input type="checkbox"/> child <input type="checkbox"/> Doppler ultrasonography devices <input type="checkbox"/> ECG monitor and/or defibrillator with pediatric and adult capabilities, including pediatric-sized pads and/or paddles <input type="checkbox"/> Pulse oximeter with pediatric and adult probes <input type="checkbox"/> Continuous end-tidal CO2 monitoring	<b>Equipment/Supplies: Specialized Pediatric Trays or Kits</b> <u>Difficult airway supplies and/or kit</u> <i>Contents to be based on pediatric patients served at the hospital and may include some or all of the following:</i> <input type="checkbox"/> supraglottic airways of all sizes <input type="checkbox"/> needle cricothyrotomy supplies <input type="checkbox"/> surgical cricothyrotomy kit <input type="checkbox"/> video laryngoscopy <u>Newborn delivery kit (including equipment for initial resuscitation of a newborn infant)</u> <input type="checkbox"/> umbilical clamp <input type="checkbox"/> scissors <input type="checkbox"/> bulb syringe <input type="checkbox"/> towel <u>Urinary catheterization kits and urinary (indwelling) catheters</u> <input type="checkbox"/> infant <input type="checkbox"/> child

<b>Additional Recommendations for High-Volume EDs (&gt;10,000 Pediatric Patient Visits per Year)</b> <input type="checkbox"/> Alprostadil (prostaglandin E1) <u>Central venous catheters</u> <input type="checkbox"/> 4.0F <input type="checkbox"/> 5.0F <input type="checkbox"/> 6.0F <input type="checkbox"/> 7.0F <u>Chest tubes</u> <input type="checkbox"/> infant (8–12F catheter) <input type="checkbox"/> child (14–22F catheter) <input type="checkbox"/> adult (24–40F catheter) OR pigtail catheter kit (8.5–14F catheter) <input type="checkbox"/> Hypothermia thermometer <input type="checkbox"/> Inotropic agents (e.g., digoxin and milrinone) <u>Laryngoscope blade</u> <input type="checkbox"/> size 00 <u>Lumbar puncture tray, spinal needles</u> <input type="checkbox"/> infant <input type="checkbox"/> child	<u>Noninvasive ventilation</u> <input type="checkbox"/> continuous positive airway pressure OR high-flow nasal cannula <u>Self-inflating bag-mask device</u> <input type="checkbox"/> pediatric <input type="checkbox"/> Tube thoracostomy tray <u>Tracheostomy tubes</u> <input type="checkbox"/> size 0 <input type="checkbox"/> size 1 <input type="checkbox"/> size 2 <input type="checkbox"/> size 3 <input type="checkbox"/> size 4 <input type="checkbox"/> size 5 <input type="checkbox"/> size 6 <u>Umbilical vein catheters</u> <input type="checkbox"/> 3.5F <input type="checkbox"/> 5.0F <input type="checkbox"/> Video laryngoscopy
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Revised: April 5, 2021

Produced by the AAP, ACEP, ENA and the EMSC Innovation and Improvement Center



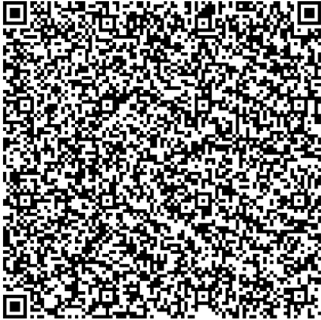
# Toolkit

- [ED Toolkit](#) provided by the EMSC Innovation and Improvement Center



# Additional Information

Publication in  
*JAMA Network*  
Open



Press Release



Talking Points



# **Disaster Networking Collaborative**

# Disaster Networking Collaborative

- A 10-month Quality Improvement collaborative coordinated by the Pediatric Pandemic Network
- Aims to support children's hospitals in preparing for and responding to disasters
- Collaborate with diverse healthcare practitioners to integrate the needs of children into emergency care systems
- For more information and to register, visit <https://pedspandemicnetwork.org/disaster-networking-collaborative/>
  - Deadline to register is September 15, 2023


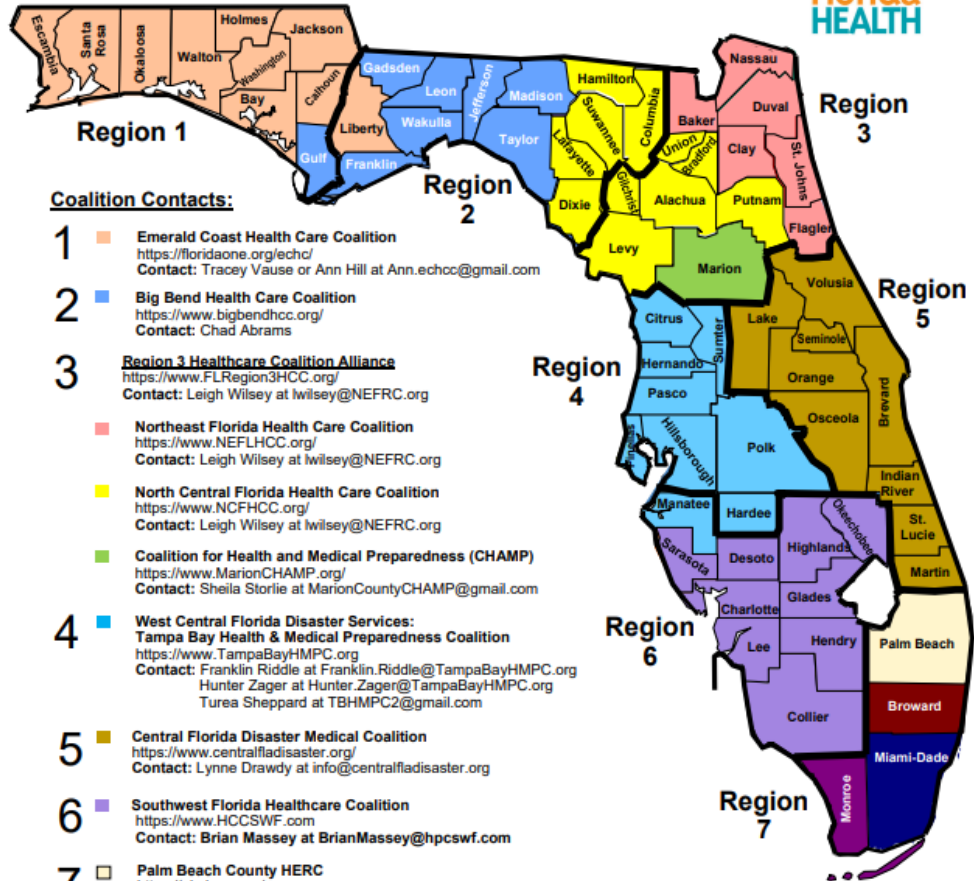




# Florida Health Care Coalitions



**Florida Health Care Coalitions**  
By Regional Domestic Security Task Force (RDSTF) Region  
Updated: March 29, 2023

**Coalition Contacts:**

- 1 ■ **Emerald Coast Health Care Coalition**  
<https://floridaone.org/echc/>  
Contact: Tracey Vause or Ann Hill at [Ann.echcc@gmail.com](mailto:Ann.echcc@gmail.com)
- 2 ■ **Big Bend Health Care Coalition**  
<https://www.bigbendhcc.org/>  
Contact: Chad Abrams
- 3 ■ **Region 3 Healthcare Coalition Alliance**  
<https://www.FLRegion3HCC.org/>  
Contact: Leigh Wilsey at [lwilsey@NEFRC.org](mailto:lwilsey@NEFRC.org)
- 4 ■ **Northeast Florida Health Care Coalition**  
<https://www.NEFLHCC.org/>  
Contact: Leigh Wilsey at [lwilsey@NEFRC.org](mailto:lwilsey@NEFRC.org)
- 5 ■ **North Central Florida Health Care Coalition**  
<https://www.NCFHCC.org/>  
Contact: Leigh Wilsey at [lwilsey@NEFRC.org](mailto:lwilsey@NEFRC.org)
- 6 ■ **Coalition for Health and Medical Preparedness (CHAMP)**  
<https://www.MarionCHAMP.org/>  
Contact: Sheila Storie at [MarionCountyCHAMP@gmail.com](mailto:MarionCountyCHAMP@gmail.com)
- 4 ■ **West Central Florida Disaster Services:  
Tampa Bay Health & Medical Preparedness Coalition**  
<https://www.TampaBayHMPC.org>  
Contact: Franklin Riddle at [Franklin.Riddle@TampaBayHMPC.org](mailto:Franklin.Riddle@TampaBayHMPC.org)  
Hunter Zager at [Hunter.Zager@TampaBayHMPC.org](mailto:Hunter.Zager@TampaBayHMPC.org)  
Turea Sheppard at [TBHMPC2@gmail.com](mailto:TBHMPC2@gmail.com)
- 5 ■ **Central Florida Disaster Medical Coalition**  
<https://www.centralfladisaster.org/>  
Contact: Lynne Drawdy at [info@centralfladisaster.org](mailto:info@centralfladisaster.org)
- 6 ■ **Southwest Florida Healthcare Coalition**  
<https://www.HCCSWF.com>  
Contact: Brian Massey at [BrianMassey@hpcswf.com](mailto:BrianMassey@hpcswf.com)
- 7 ■ **Palm Beach County HERC**  
<https://pbcherc.org/>  
Contact: John James at [johnj@pbcms.org](mailto:johnj@pbcms.org)
- **Broward County Health Care Coalition**  
<http://www.bchconline.com/>  
Contact: Kelly Keys at [kkeys@bchcoalition.com](mailto:kkeys@bchcoalition.com)  
Reshena Clark at [rclark@bchcoalition.com](mailto:rclark@bchcoalition.com)
- **Miami-Dade County Healthcare Preparedness Coalition**  
<https://www.mdchpc.org/>  
Contact: Marilia VanKeeken at [marilia.vankeeken@smr17.onmicrosoft.com](mailto:marilia.vankeeken@smr17.onmicrosoft.com)
- **Keys Health Ready Coalition**  
Contact: Cyna Wright at [admin@keysready.org](mailto:admin@keysready.org)

**Statewide Contacts**

- Florida Department of Health: Pam Tempson at [pam.tempson@flhealth.gov](mailto:pam.tempson@flhealth.gov)
- Florida Hospital Association: John Wilgis at [john@fha.org](mailto:john@fha.org)

# **Weighing Children in Kilograms**

# ***Worth the Weight***

- A short clip highlighting the importance of weighing and recording children's weight in kilograms in the ED setting
- Watch the video: <https://vimeo.com/827397878>

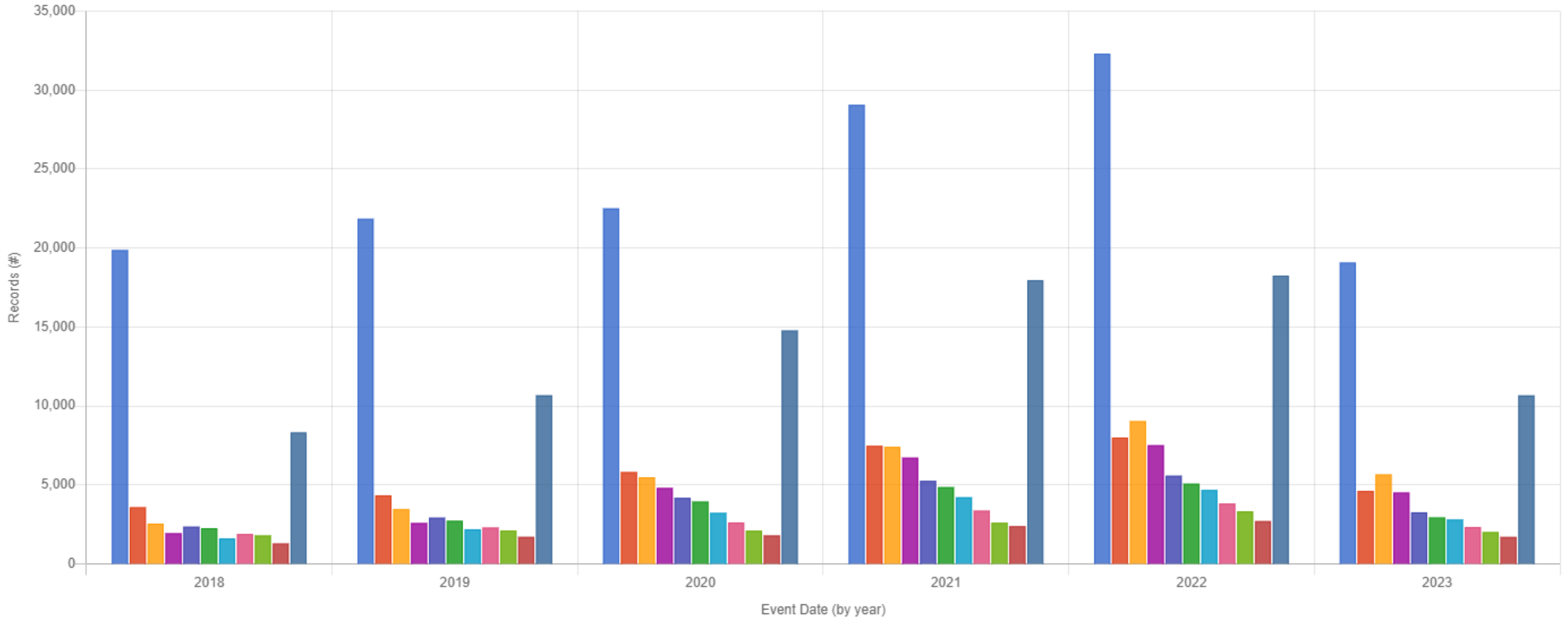


**Florida EMS Mental Health & Intimate  
Partner Violence (IPV) in Patients  
≤ 18 Years of Age by Syndrome  
(Draft July 2023)**



# Florida EMS Mental Health & Intimate Partner Violence (IPV) in Patients ≤ 18 Years of Age by Syndrome (Draft July 2023)\*

Records by Event Date  
 Grouped by Syndromes^  
 Event Date: 2018-Jan-01 to 2023-Dec-31  
 146,627 Records



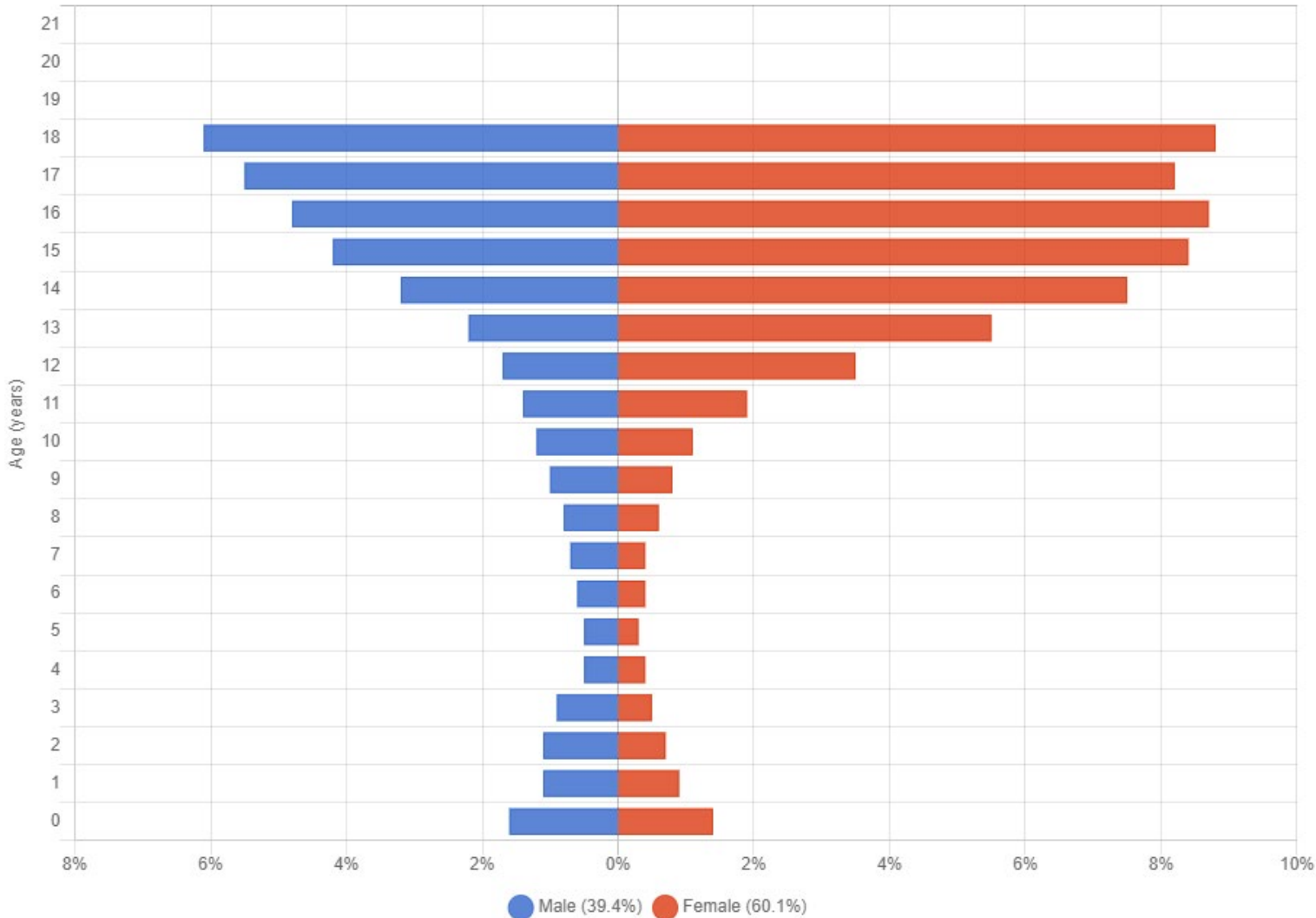
^ multi-valued field counts may not match record counts

\*Using primary impression, patient may be counted more than once depending on number of syndromes

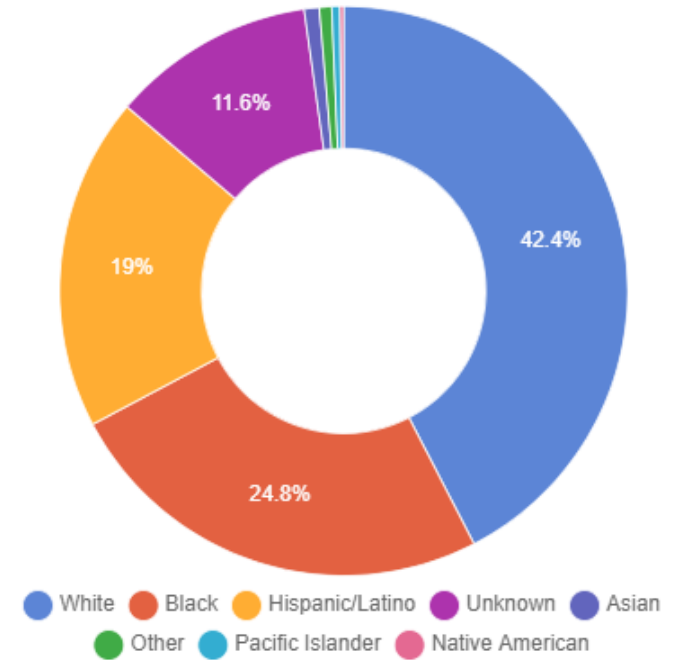
# EMS Mental Health and IPV ≤ 18 Year by Gender/Age

# EMS Mental Health and IPV ≤ 18 Years by Race and Ethnicity

Age and Gender Demographics  
2018-Jan-01 to 2023-Dec-31  
146,627 Persons (770 with Unknown Age or Gender)

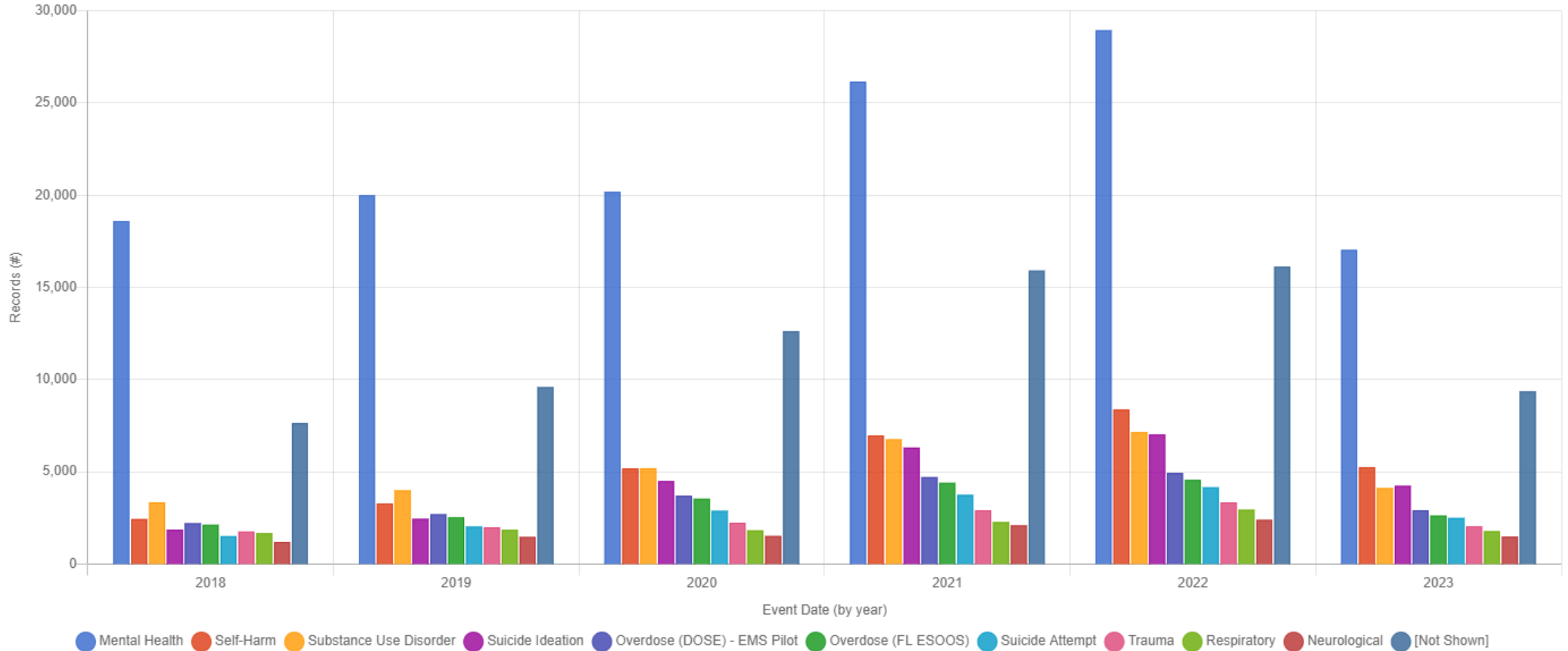


Race/Ethnicity Distribution (146,627 Persons)  
2018-Jan-01 to 2023-Dec-31



# Florida EMS Mental Health & IPV in Patients ≤ 18 Years of Age Ground Transport Only, No Interfacility (IF) by Syndromes

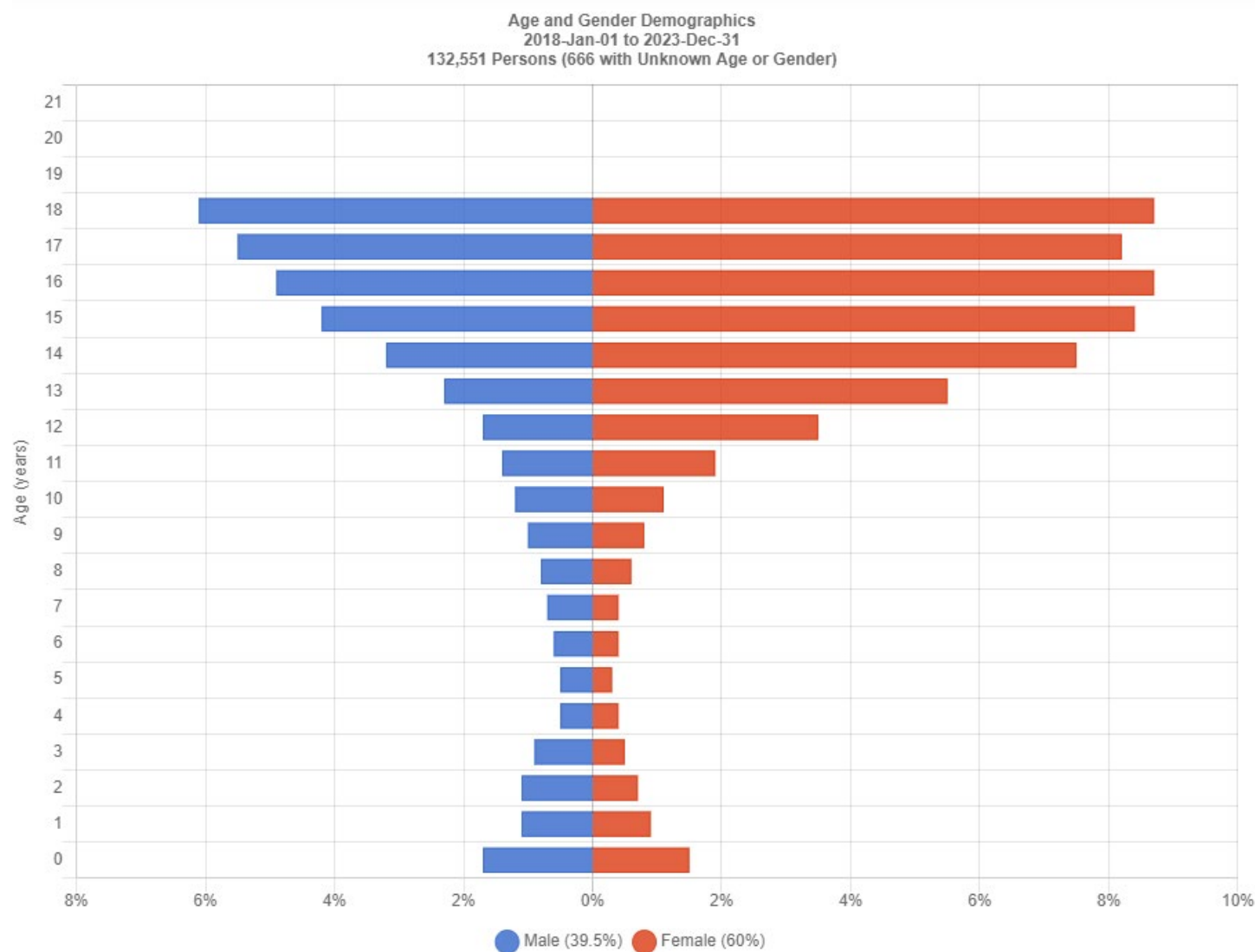
Records by Event Date  
Grouped by Syndromes^  
Event Date: 2018-Jan-01 to 2023-Dec-31  
132,551 Records



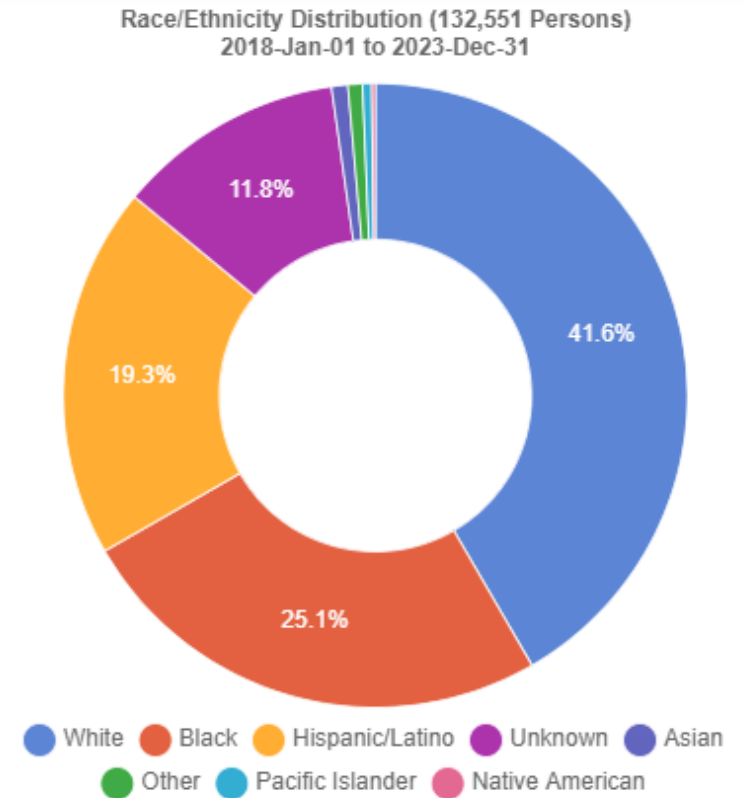
^ multi-valued field counts may not match record counts

[Show All](#) | [Show None](#)

# Florida EMS Mental Health & IPV ≤ 18 Years Ground Transport Only, No Interfacility by Syndromes: Gender and Age



# Florida EMS Mental Health & IPV ≤ 18 Years Ground Transport Only, No IF by Syndromes: Race and Ethnicity

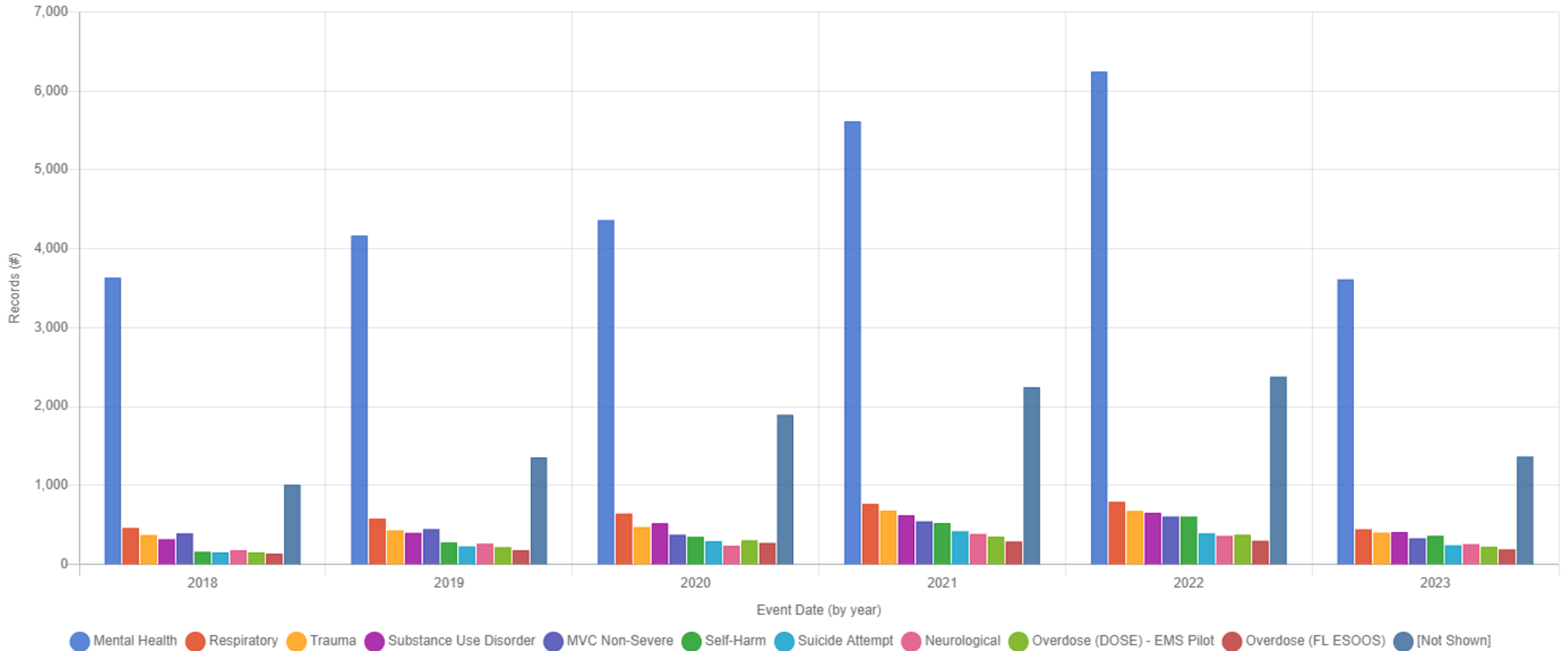




# Florida EMS Mental Health & IPV ≤ 18 Years of Age Not Transported

Evaluated, no treatment/transport required, refused evaluation/care, transported, refused evaluation/care, no transport, treated, released (AMA)

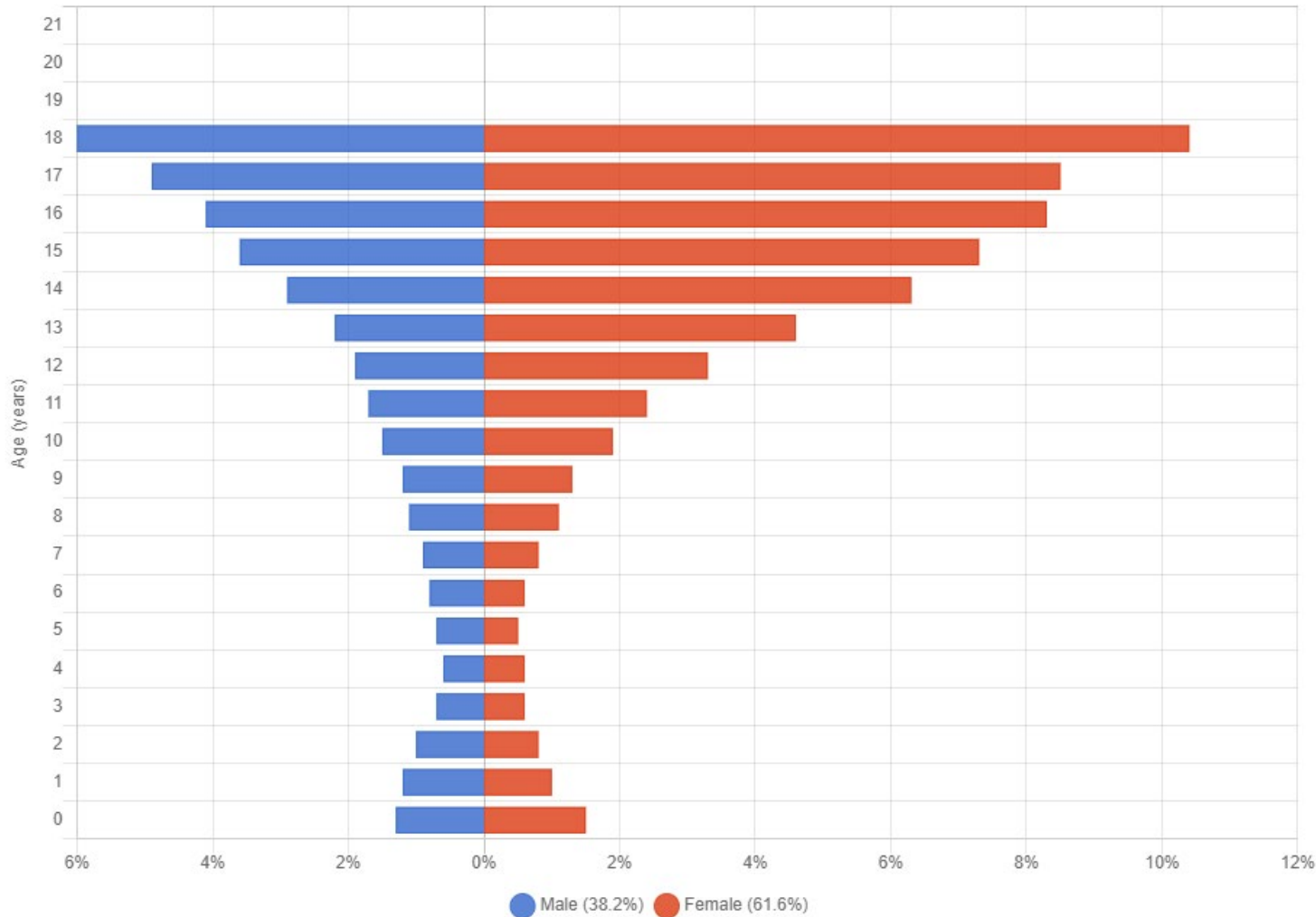
Records by Event Date  
Grouped by Syndromes^  
Event Date: 2018-Jan-01 to 2023-Dec-31  
28,495 Records



^ multi-valued field counts may not match record counts

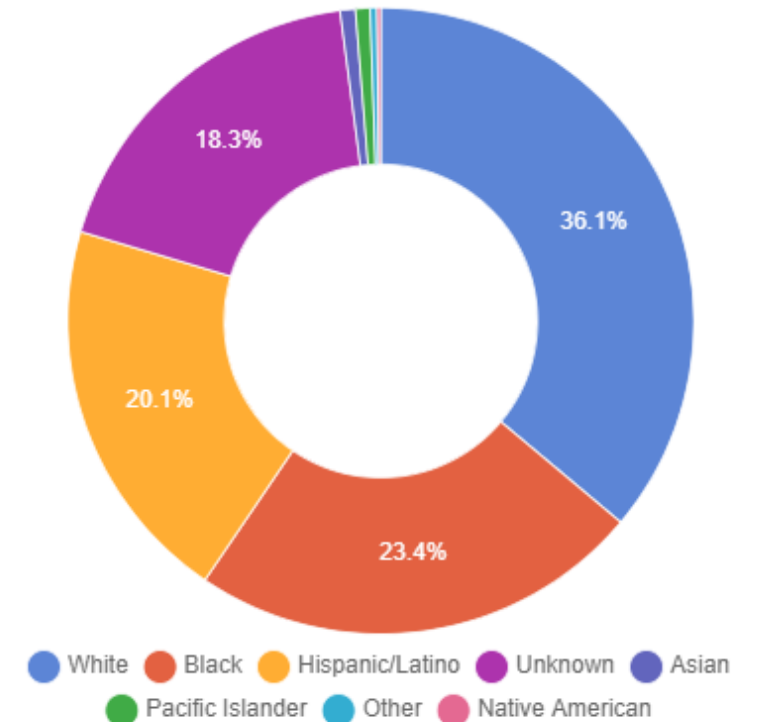
# Florida EMS Mental Health & IPV ≤ 18 Years of Age Not Transported: Gender and Age

Age and Gender Demographics  
2018-Jan-01 to 2023-Dec-31  
28,495 Persons (67 with Unknown Age or Gender)



# Florida EMS Mental Health & IPV ≤ 18 Years of Age Not Transported: Race and Ethnicity

Race/Ethnicity Distribution (28,495 Persons)  
2018-Jan-01 to 2023-Dec-31



**Thank you for all your  
outstanding efforts to make  
Florida *PEDReady!***



# Contact Us



[PEDReady@jax.ufl.edu](mailto:PEDReady@jax.ufl.edu)



904-244-4986



<https://emlrc.org/flpedready/>



[@floridaemsforchildren](https://www.facebook.com/floridaemsforchildren)

